## STATE OF UTAH DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

### APPLICATION FOR LICENSURE

## CONTROLLED SUBSTANCE HANDLER (INDIVIDUAL)

#### APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, submit a complete application form including all applicable supporting documents and fees. Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. Please read all instructions carefully.

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

#### SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a complete application, complete the following:

- 1. Submit a completed take-home "Utah Controlled Substances Law and Rule Examination" (pages 8 and 9 of this application).
- 2. Submit a \$90.00 non-refundable application-processing fee, made payable to "DOPL."

#### ADDITIONAL IMPORTANT INFORMATION:

1. **Utah Law and Rules Examination:** Enclosed with this application is the take-home Utah Controlled Substances Law and Rules Examination. All applicants must complete the exam and submit it with your application for licensure. <u>Do not submit it separately.</u>

The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- □ Division of Occupational & Professional Licensing Act
- □ Division of Occupational & Professional Licensing Act Rules
- □ Utah Controlled Substances Act
- □ Utah Controlled Substance Act Rules
- 2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to <a href="https://www.dopl.utah.gov">www.dopl.utah.gov</a> to ensure you have the most recent version of these documents.
- 3. **Controlled Substance License:** You must hold a Utah controlled substance handler license **and** a federal DEA registration to administer or possess a controlled substance in your practice in Utah.
- 4. **DEA Registration**: For DEA registration information, contact the Drug Enforcement Administration, Salt Lake District Office, 348 East South Temple, Salt Lake City, UT 84088. Telephone (801) 524-4389.
- 5. **License Renewal:** All controlled substance handler licenses expire on May 31 of each odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

- 6. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at <a href="https://www.dopl.utah.gov">www.dopl.utah.gov</a>.
- 7. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).

- 8. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at <a href="https://www.dopl.utah.gov">www.dopl.utah.gov</a>.
- 9. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL's main office but not over the telephone.
- 10. Mail Complete Application to:

#### By U.S. Mail

Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City, Utah 84114-6741

### By Delivery or Express Mail

Division of Occupational & Professional Licensing 160 East 300 South, 1<sup>st</sup> Floor Lobby Salt Lake City, Utah 84111

11. **Telephone Numbers:** (801) 530-6628

(866) 275-3675 – Toll-free in Utah

12. **Fax Number:** (801) 530-6511

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## **APPLICATION FOR LICENSURE**

## **GENERAL INFORMATION**

| License Applying F                 | or: Controlled Substance Handler – Individual |  |  |  |
|------------------------------------|---|--|--|--|
| Application for:                   | ☐ Animal Capture                              |  |  |  |
|                                    | ☐ Pharmaceutical Researcher                   |  |  |  |
|                                    | Other, please specify:                        |  |  |  |
|                                    |   |  |  |  |
| Social Security Nur                | mber:   |  |  |  |
| Last Name:                         | Maiden Name:                                  |  |  |  |
| First Name:                        | Middle Name:                                  |  |  |  |
| Gender:   Male                     | ☐ Female Date of Birth:/                      |  |  |  |
| Have You Ever Hel                  | d A Utah License Before? ☐ Yes ☐ No           |  |  |  |
| If Yes, Name of Pro                | ofession:                                     |  |  |  |
| If Yes, License Nur                | mber:   |  |  |  |
| MAILING ADDR                       | ESS   |  |  |  |
| Street:                            |   |  |  |  |
| City:                              | State: Zip:                                   |  |  |  |
| Telephone:                         | Email:  |  |  |  |
| DO NOT WRITE                       | IN THIS SECTION - FOR DIVISION USE ONLY       |  |  |  |
| License/Certificate Nun            | nber:   |  |  |  |
| Date License/Certificate           | e Approved:/                                  |  |  |  |
|                                    |   |  |  |  |
| Date License/Certificate Denied:// |   |  |  |  |
|                                    | C   |  |  |  |
| Reason for Denial/Other Comments:  |   |  |  |  |

| AFFIDAVIT FOR UTAH LAWS AND RULES  |
|--|
| I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a controlled substance handler in Utah and I agree to comply with such. |
| Signature of Applicant: Date:/   |
|  |
| EXAMINATION REQUIREMENT  |
| Answer "yes" or "no."  |
| Controlled Substances Law and Rule Exam (take-home, submit with application)   |
| AUTHORIZATION FOR CONTROLLED SUBSTANCES  |
| List ALL controlled substances for which authorization is requested. ( <i>Use additional sheets if necessary.</i> )  |
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| INTENDED USE OF CONTROLLED SUBSTANCES (Use additional sheets if necessary.)  |
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## **TRAINING**

| Describe the training each person will receive who is authorized to possess and administer the controlled substances. Identify initial training, periodic in-service training, subject matter covered, hours of training, and qualifications of persons providing the training. ( <i>Use additional sheets if necessary.</i> ) |  |  |
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| DIVERSION SAFEGUARDS   |  |  |
| Describe the facilities, controls, records, and systems that will be or are in place to provide for accountability, safe and proper utilization, and prevention of diversion of the controlled substances. ( <i>Use additional sheets if necessary.</i> )  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| DISCLOSURE OF HOW CONTROLLED SUBSTANCES WILL BE PURCHASED, STORED, USED, AND ACCOUNTED FOR (Use additional sheets if necessary.)   |  |  |
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|  |  |  |
|  |  |  |
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## UTAH CONTROLLED SUBSTANCES LAW AND RULES EXAMINATION

The reference listed after each question is provided to assist you in selecting your response. The examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the reference listed in order to become familiar with Utah's controlled substance prescribing practices.

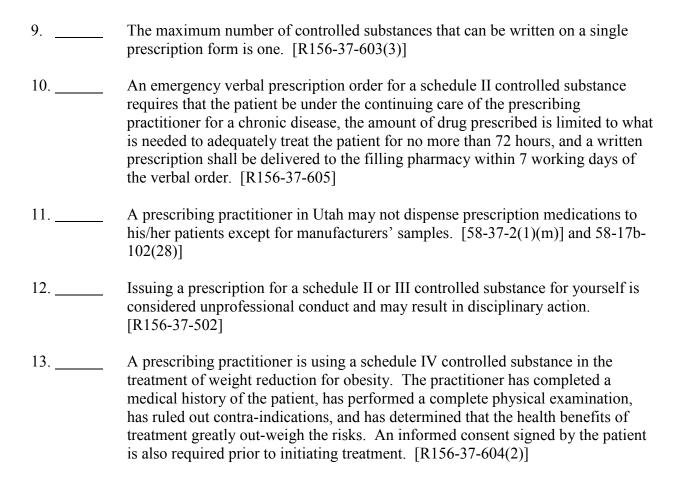
Answer "true" or "false" for each statement. Do not leave any statement blank. Return this completed examination with your application for licensure.

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| 1 | A prescription for a schedule II controlled substance may be filled in a quantity not to exceed a 30 day supply. [58-37-6(7)(f)(i)(B)]  |
|---|---|
| 2 | A prescription for a schedule III or IV controlled substance may be refilled 5 times within a six month period from the issue date of the prescription. [58-37-6(7)(f)(ii)]   |
| 3 | All prescription orders must be signed in ink or indelible pencil to prevent anyone from altering a legitimate prescription. [58-37-6(7)(d)]  |
| 4 | Licensed prescribing practitioners must make their controlled substance stock and records available to DOPL personnel for inspection during regular business hours (R156-37-601)  |
| 5 | All records of purchasing, prescribing, and administering controlled substances must be maintained by the licensed prescribing practitioner for at least five years. [R156-37-602(3)]   |
| 6 | The name, address, and DEA registration number of the prescribing practitioner, and the name, address, and age of the patient are required to be included on the prescription for a controlled substance. [58-37-6(7)(d)]   |
| 7 | A controlled substance is taken according to the prescriber's instructions. A refill may be dispensed after 80% of the medication has been consumed. [R156-37-603(7)]   |
| 8 | After the discovery of any theft or loss of a controlled substance, the prescribing practitioner is required to file the appropriate forms with the DEA, report the incidence to the local police, and send copies of the filed DEA forms to DOPL. [R156-37-602(2)] |

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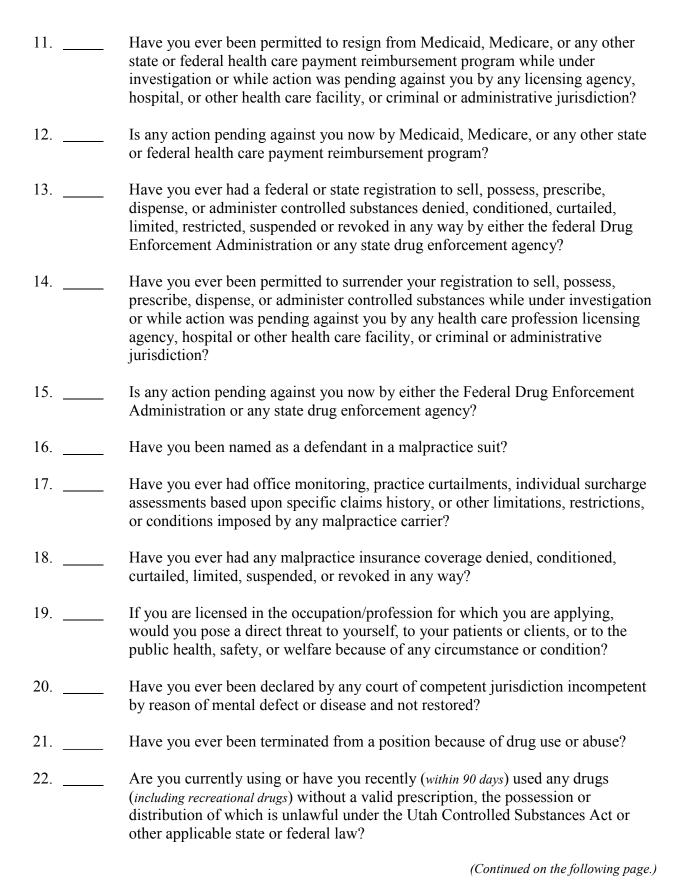


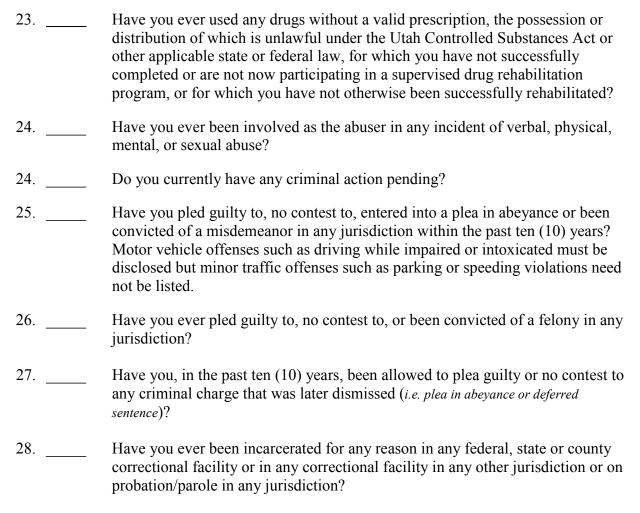
# CONTROLLED SUBSTANCE HANDLER (INDIVIDUAL) QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

| 1  | Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?   |
|----|--|
| 2  | Is there any part of the Utah Controlled Substances Act and the Utah Controlled Substance Act Rules that you have <u>not</u> read or that you do <u>not</u> understand?  |
| 3  | Have you ever been denied the right to sit for a licensure examination?  |
| 4  | Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?  |
| 5  | Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction? |
| 6  | Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?   |
| 7  | Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?   |
| 8  | Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?  |
| 9  | Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?   |
| 10 | Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?  |

(Continued on the following page.)





If you answered "yes" to questions 24, 25, 26, 27, or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.

If you answered "yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

## **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

| Signature of Applicant:    |  |
|----------------------------|--|
|                            |  |
| Date of Signature: / /     |  |
| S                          |  |
| Printed Name of Applicant: |  |
| 11 —                       |  |